



Acupuncture Assessment Intake Form

Thank you for scheduling your free 30 minute Acupuncture Assessment with Capitol Rehab. Please provide the information requested below.

Name _____

Date of Birth _____

Complaint Area _____

Secondary Complaints _____

Have you had acupuncture treatment before? Yes No

Do you have a fear of needles? Yes No

If you have any additional comments/questions/concerns, please list them here:

